DURAL ARTERIOVENOUS FISTULAS IN NEUROSURGICAL PRACTICE: FROM CLINICAL SUSPICION TO CURATIVE TREATMENT

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A cranial dural arteriovenous fistula is a vascular malformation where meningeal arteries connect directly to dural or cortical veins. It can occur at any age and may cause hemorrhages and severe neurological deficits. Early diagnosis and accurate classification are essential for the optimal approach. To review the imaging, diagnostic, and therapeutic aspects of dural arteriovenous fistulas (dAVFs), highlighting the role of the multidisciplinary team in their management. A systematic literature review was conducted using PubMed, Scopus, and Web of Science databases, covering the period from 2010 to 2025. Original studies, meta-analyses, and relevant guidelines on the diagnosis, classification, and treatment of dural fistulas were included. Fistulas are most frequently located in the transverse and sigmoid sinuses. Clinical risk assessment uses the Cognard and Borden classifications. Definitive diagnosis is made by angiography, which also aids in treatment planning. The fistula's location, flow, angioarchitecture, and drainage help predict clinical outcome. Treatment is based on symptoms and the risk of hemorrhage or intracranial hypertension. Endovascular therapy with ONYX is effective in over 85% of cases, and fistulas with retrograde cortical drainage require prompt intervention. There is no clear consensus on managing asymptomatic fistulas. Dural arteriovenous fistulas are rare and lack universal guidelines. Early diagnosis and personalized treatment, especially endovascular, can prevent severe complications. A multidisciplinary approach is essential for timely diagnosis and effective management.

PARTICULARITIES OF INTER-TEAM COMMUNICATION IN THE EMERGENCY MEDICINE DEPARTMENT

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In emergency medicine departments, effective communication is essential, as rapid decisions can mean the difference between life and death. However, intense stress, conflicts between colleagues, and communication errors can lead to medical mistakes and a decline in the quality of patient care. Analyzing the impact of poor communication, affected by stress and emotional factors, on decisions and care quality in IMSP IMU Chișinău emergency medicine, and proposing solutions. questionnaire was applied to 132 respondents from IMSP IMU in Chișinău: 43.9% were doctors, 44.7% nurses, and 11.4% orderlies. The study analyzed the effectiveness of communication in critical situations, the effects of conflicts, differences in communication styles, the occurrence of errors, and the impact of stress on team interactions. Although 25.8% of respondents communicate effectively sometimes, 44.7% frequently, and 24.2% always in critical situations, major problems remain: conflicts affect communication (40.2% sometimes, 22.7% frequently, 10.6% always), causing tension; differences in styles under stress create barriers (22.7% sometimes, 40.9% frequently, 29.5% always); communication errors impact patient care (33.3% sometimes, 36.4% frequently, 10.6% always), risking safety. Stress negatively affects communication (22.0% sometimes, 31.8% frequently, 40.9% always), increasing error risks. These data reveal gaps caused by stress and emotions. The study shows that emotions and stress disrupt communication, affecting decisions and patient safety. Implementing strategies for conflict management, aligning communication styles, and reducing stress is essential to improve teamwork and the overall quality of care.